

EXHIBIT HH

INTERNET
FORM NLRB-501
(11-94)

UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
CHARGE AGAINST EMPLOYER

FORM EXEMPT UNDER 44 U.S.C. 3612

DO NOT WRITE IN THIS SPACE	
Case 32-CA-23340	Date Filed 6-28-2007

INSTRUCTIONS:

File an original and 4 copies of this charge with NLRB Regional Director for the region in which the alleged unfair labor practice occurred or is occurring.

1. EMPLOYER AGAINST WHOM CHARGE IS BROUGHT		
a. Name of Employer Stanford Hospital & Clinics/Lucile Packard Children's Hospital	b. Number of Workers Employed 1400+	
c. Address (street, city, State, ZIP, Code) 300 Pasteur Drive Stanford, CA 94305-5513	d. Employer Representative Laurie Quintel	e. Telephone No. (650) 725-2770 Fax No.
f. Type of Establishment (factory, mine, wholesaler, etc.) Medical Building	g. Identify Principal Product or Service Medical Services	
h. The above-named employer has engaged in and is engaging in unfair labor practices within the meaning of Section 8(a), subsections (1) and (1st subsections) (3) of the National Labor Relations Act, and these unfair labor practices are unfair practices affecting commerce within the meaning of the Act.		

2. Basis of the Charge (set forth a clear and concise statement of the facts constituting the alleged unfair labor practices.)

Within the last six months, the Employer committed an unfair labor practice when it discriminated against and terminated an employee who engaged in protected, concerted Union activity.

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By the above and other acts, the above-named employer has interfered with, restrained, and coerced employees in the exercise of the rights guaranteed in Section 7 of the Act.

3. Full name of party filing charge (if labor organization, give full name, including local name and number) Service Employees International Union, Local 715	
4a. Address (street and number, city, State, and ZIP Code) 2302 Zanker Road San Jose, CA 95131	4b. Telephone No. (408) 954-8715 Fax No. (408) 954-1538
5. Full name of national or international labor organization of which it is an affiliate or constituent unit (to be filled in when charge is filed by a labor organization) Service Employees International Union, C-I-W, CLC	

6. DECLARATION

I declare that I have read the above charge and that the statements are true to the best of my knowledge and belief.

By Altshuler Berzon LLP Attorney
(Signature of representative or person making charge) (Title, if any)
Address Altshuler Berzon LLP, 177 Post, #300, San Francisco, CA 94108 Fax No. (415) 362-8064
(415) 421-7151 June 28, 2007
(Telephone No.) Date

WILLFUL FALSE STATEMENTS ON THIS CHARGE CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

GC Exhibit # 57

COPY SENT NLRB
Date 6-29-07 By BJ